

**PROJECT INFORMATION**

JOB NAME	_____	SBC PROJECT NUMBER	_____
FACILITY	_____		
DEPT/DIV	_____		

DESIGNER	NAME	ADDRESS
DESIGNER	_____	_____
DES.FLD.SUPR.	_____	_____
STRUCT.ENGR.	_____	_____
MECH.ENGR.	_____	_____
ELECT.ENGR.	_____	_____

CONTRACTOR	NAME	ADDRESS
CONTRACTOR	_____	_____
SUPERINTENDENT	_____	_____
ASST.SUPER	_____	_____

SCHEDULE			
BID DATE	_____	CONTRACT DATE	_____
		NTP DATE	_____
SUBSTANTIAL COMPLETION	<input type="checkbox"/> Early <input type="checkbox"/> On Time <input type="checkbox"/> Late	ACHIEVED AS OF	_____
DATE of FINAL INSPECTION	_____	DATE of ACCEPTANCE	_____

CONTRACT SUM	
BASE BID \$	_____
ALTERNATES ACCEPTED	NUMBER: _____ AMOUNT \$ _____
	TOTAL INITIAL CONTRACT SUM \$ _____
CHANGE ORDERS	NUMBER: _____ AMOUNT \$ _____
	Total Construction <b>CONTRACT SUM</b> at Final Payment \$ _____

COST ALLOCATION including Change Orders	
GENERAL REQUIREMENTS \$	_____
SITWORK \$	_____
CONCRETE \$	_____
MASONRY \$	_____
METALS \$	_____
WOOD & PLASTICS \$	_____
THERM & MOIST PROTECT \$	_____
DOORS & WINDOWS \$	_____
FINISHES \$	_____
SPECIALTIES \$	_____
EQUIPMENT \$	_____
FURNISHINGS \$	_____
SPECIAL CONSTRUCTION \$	_____
CONVEYING SYSTEMS \$	_____
MECHANICAL \$	_____
ELECTRICAL \$	_____

**BUILDING INFORMATION** (Complete one form for each building)

NAME	_____			[ ] NEW or [ ] EXISTING
ADDRESS	_____			
OCCUPANCY TYPE	_____	NO. OCCUPANTS or FAMILIES	_____	
BUILDING VALUE	_____	CONTENTS VALUE	_____	
EXPOSURE (Distance to other buildings, up to 100ft)	North _____	South _____	East _____	West _____
DESIGN DATA				
FLOOR DEAD LOAD	_____	ROOF WIND LOAD DESIGN	_____	
FLOOR LIVE LOAD	_____	ROOF DEAD LOAD DESIGN	_____	
FLOOR DEAD LOAD	_____	ROOF LIVE LOAD DESIGN	_____	
		ROOF THERMAL COEFFICIENT	_____	
FLOOR LIVE LOAD	_____	WALL THERMAL COEFFICIENT	_____	
CONSTR DATA:				
STORIES (incl basement)	_____	FIRE PROT'N CLASS	_____	
HEIGHT	_____	ROOF TYPE	_____	
GROSS SQUARE FEET	_____	EXTERIOR WALLS	_____	
NET SQUARE FEET	_____	FLOOR STRUCTURE	_____	
% AREA SPRINKLED	_____	HEATING SOURCE	_____	
		% EA. MIXED CONSTR	_____	

Form Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

